N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

JAN 21 1937

Do not use this space.

45639

1. PLACE OF DEATH
County Newton
Township Marion
City Diamond R.1 (No. ..... , ... St. ..... Ward)

Registration District No. 615-
Primary Registration District No. 5817.

File No. .....
Registered No. 26

2. FULL NAME Mary Ellen Hitt

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF D. L. Hitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30-1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Robert S. Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Mary Melugin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) D. L. Hitt Diamond Mo. R.1.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gilbreath Cemetery DATE 12-12 1936

19. UNDERTAKER (ADDRESS) S. W. Bunard. Seneca Mo.

20. FILED Dec 11 1936 U. B. Chapman. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31 1935, to Dec 10 1936
I last saw her alive on Nov. 1 1936. Death is said to have occurred on the date stated above, at 11-30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Amyotrophic lat. sclerosis	2 yrs.
Other contributory causes of importance:	
Myocarditis, chronic	5 yrs.

Name of operation none Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Emery J. McIntosh, M. D.
(Address) Carthage Missouri